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**\*BIBDATASHEET\***

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APPLICANTS

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\*\* CONTINUING DATA \*\*

\*\* FOREIGN APPLICATIONS \*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 01/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
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35 USC 119 (a-d) conditions met  
☐ yes ☒ no Met after

Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

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TITLE

Gastrointestinal stimulation device

FILING FEE  RECEIVED 511	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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